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UNDERGROUND INJECTION CONTROL REGISTRATION JURISDICTION INFORMATION



Oregon Department of Environmental Quality (see pp. 3 - 4 for detailed instructions)

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A. CONTACT	INFORMATION			
Jurisdiction Name: Marine Terminal 1	2. County: Multnomah			
3. Address: 2200 NW Front Avenue	City: Portland Zip Code: 97209			
4. Section/Division submitting data: Port of Portland	5. Contact Name: Joe Mollusky Phone #: (503) 944-7533			
B. JURISDICTION DESCRIPTION (ATTACH DOCUMENTS AS NEEDED)			
1. Location: Provide a map or GIS data clearly identifying the boundaries of your jurisdiction and zoning. Note the location of your drinking water wells and, if available, the delineated wellhead or source of water.				
☑ Map Enclosed ☐ GIS data				
Jurisdiction's drinking water source: City of Portland	monthly average usage (gal/day):			
source:	monthly average usage (gal/day):			
source:	monthly average usage (gal/day):			
3. Depth to winter high water table: 15 feet If not available	ble, average depth to groundwater: feet			
4. Provide documentation (maps or GIS) showing which portions of the city are served by a sewer and stormwater system.				
🛮 Map Enclosed 🔲 GIS data 🏻 Terminal 1 Storm	-			
5. Attach a copy of your standard designs for injection systems.				
6. Maintenance program and schedule for UIC system(s): Inactive dry	well, no maintenance occurs.			
7. Indicate if present: UIC Spill prevention/response plan				
8. a). What surface water sub-basin is your jurisdiction located in? Williamette River				
b). Does an adequate confinement barrier or filtration medium exist in your jurisdiction to protect local groundwater resources?				
☐ YES ☑ NO ☐ DO NOT KNOW If "YES," attach relevant documentation.				
9. If you have data on your stormwater or other discharges, attach analytical results.				
10. Are there UIC systems serving (located at) cleanup sites? YES NO If "YES," attach a brief description of those sites.				
List any other DEQ or public agency permits applied for or issued (with permit number):				
C. UNDERGROUND INJECTION CONTROL INFORMATION				
Please provide the information required on p. 2 of this form.				
D. SIGNATURE OF LEGALLY AUTHORIZED REPRESENTATIVE				
I hereby certify that the information contained in this registration is true and correct to the best of my knowledge and belief.				
E.B. Galligan	Senior Director & Chief Financial Officer			
	CENTO, BILCOOL & CHIEF I MANCIAL CITTEE!			
Name of Legally Authorized Representative (Type or Print)	Title			
Name of Legally Authorized Representative (Type or Print)				

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